

Testimony Against S.B. 6645

Good afternoon members of the committee, Chairwoman Gerratana and Chairwoman Johnson. My name is Peter Wolfgang and I am the President of the Family Institute of Connecticut Action, an organization whose mission is to “encourage and strengthen the family as the foundation of society and to promote sound, ethical and moral values in our culture and government.” I am here today to ask you to oppose S.B. 6645, AN ACT CONCERNING COMPASSIONATE AID IN DYING FOR TERMINALLY ILL PATIENTS.

The Family Institute represents a diverse and large group of Connecticut citizens that oppose the “aid in dying” campaign in Connecticut. Many of our members oppose this bill out of religious conviction; but it is dismissive to suggest that is the only reason. It is also a caricature of the people who oppose this bill to suggest that they somehow oppose dying with dignity or without compassion. In fact, we propose that genuine compassion demands us to do more than offer death.

Nobody supports keeping a patient alive by extraordinary means against that patient's will. Many of us have friends or family that have endured pain and suffering and would never want that pain to continue for any philosophical or public-policy reason. But it isn't compassion, when someone reaches out for help, to offer pills instead of hope.

Death by prescription can be fearful, messy and often undignified. Statistics are not kept on “aid-in-dying” failures, but there are news reports of panic stricken relatives calling 911, emergency room visits, hallucinations, vomiting and choking.* A study from the Netherlands (which has far more experience than Oregon or Washington with “aid-in-dying”) reports that in at least 18 percent of reported physician-assisted suicides, doctors felt compelled to intervene and administer a lethal injection themselves because of “complications”. To what fate are we really subjecting the weakest of Connecticut citizens when well-intentioned advocates portray a hastened pill-induced death, as a compassionate end to difficulty and pain?

I would be remiss to not also mention the mission creep and collateral damage caused by well-intentioned “aid in dying” legislation. In December last year, two 45 year-old brothers in Belgium were legally “aided in dying” because they suffered from debilitating glaucoma and back pain. At Compassion & Choices’ press conference in February, one of the speakers advocated extending any future Connecticut “aid in dying” law to the mentally incompetent.

In Oregon, a woman (Barbara Wagner) was notified in a form letter that unfortunately her life-saving medication wasn't covered by insurance, but death-inducing drugs were.

Many will tout the two other states that have passed some form of “aid in dying” legislation. But many more states have rejected over 100 attempts to introduce some form of “aid in dying” laws including most recently, our neighboring state of Massachusetts.

Again, we at the Family Institute would never discount the pain or agony of even one of Connecticut's citizens. But offering a "dignified death" with pills is wishful thinking and a false promise. We would show true compassion to instead use the power of the state to offer increased access to hospice care; adequate staffing at state licensed nursing homes; or require medical training in symptom and pain management for medical students. (See Physician Assisted Suicide is not Progressive, by Ira Byroc in The Atlantic, 10/25/12.) With an elderly population expected to grow in the next decade, Connecticut would benefit more from subsidizing research into cutting-edge pain management techniques instead of spending precious resources on implementing, managing and reporting requirements for drastic, culture-changing legislation.

Thank you for your time.

*<http://www.patientsrightscouncil.org/site/assisted-suicide-the-continuing-debate/#3> and *NEJM*, 2/24/00, p. 551, 554 and <http://www.patientsrightscouncil.org/site/problems-assisted-suicide/>